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Comments:Please find attached: Certificate of Fax Transmission; Statement Under 37 CFR 3.73(b); and Revocation/New Power of Attorney forms for US Patent Application Serial No.: 09/904,459.**II. From: Fax No.: 860-724-3397**Name Bryan Zerhusen (Reg. No. 54,566)Att # 3126**III. Confirmation:**

Telephone No. _____

Name (or Title) _____

Client/Matter Number 101448.00031

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ATTACHED HERETO FOR U.S. SERIAL NO. 09/904,459:

1. Statement under 37 CFR 3.73(b); and
2. Revocation/New Power of Attorney and Change of Correspondence Address

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Gulchard et al./NeoMPS and CNRSApplication No./Patent No.: 09/904,459 Filed/Issue Date: filed: 07/16/2001Entitled: **NOVEL STABILIZED ACTIVATED DERIVATIVES OF CARBAMIC ACID, THEIR PROCESS OF PREPARATION AND THEIR USE FOR THE PREPARATION OF UREAS**Immupharma (France) SA

(Name of Assignee)

a Corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Gilles Gulchard et al. To: NeoSystem and CNRS
The document was recorded in the United States Patent and Trademark Office at Reel 012483, Frame 0131, or for which a copy thereof is attached.

2. From: NeoSystem To: NeoMPS
The document was recorded in the United States Patent and Trademark Office at Reel 015871, Frame 0111, or for which a copy thereof is attached.

3. From: NeoMPS To: Immupharma (France) SA
The document was recorded in the United States Patent and Trademark Office at Reel 017462, Frame 0103, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.
(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.06)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

[Signature]
Robert Ziemer, M.D., Ph.D.
Printed or Typed Name
President, Immupharma (France) SA
Title

05/04/06
Date
33 389 32 76 50
Telephone Number

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/904,459
	Filing Date	07/16/2001
	First Named Inventor	Gilles Guichard
	Art Unit	1624
	Examiner Name	Bruck Kifle
	Attorney Docket Number	101448.00031

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number.

21832

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number.

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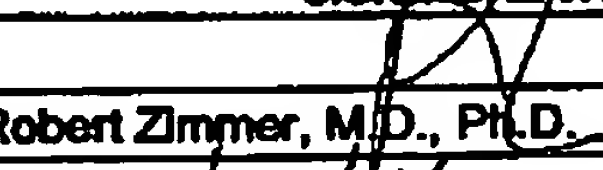
OR

<input type="checkbox"/> Firm or Individual Name	McCarter & English, LLP				
Address	185 Asylum Street CityPlace I				
City	Hartford	State	CT	Zip	06103
Country	USA				
Telephone	860.275.6735	Email	bzerhusen@mccarter.com		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature					
Name	Robert Zimmer, M.D., Ph.D.				
Date	05/04/06	Telephone	33 389 32 76 50		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.58. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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